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Docket No. DE010029

<p align="center">CERTIFICATE OF TRANSMISSION under 37 CFR 1.8</p> <p>I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office;</p> <p>on: <u>August 11, 03</u></p> <p align="center"><u>Alberta Hamble</u></p>
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AUG 12 2003
GROUP 1700IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Applicant(s): Juestel
Case: NL010029
Serial No.: 10/059,429 Filed: January 29, 2002
Group Art Unit: 1755
Examiner: Koslow, Melissa C.
Title: PLASMA PICTURE SCREEN WITH A PHOSPHOR LAYER

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

RESPONSE UNDER 37 C.F.R. §1.111

In response to the non-final Office Action mailed May 13, 2003, please amend the above-identified application as follows.

This paper includes (each beginning on a separate sheet):

1. Amendment to the Specification;
2. Amendment to the Claims;
3. Remarks/Discussion of Issues

214028-1

CERTIFICATE of FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, FAX No. 703-872-9318 on August 7, 2003 <i>Alberta Gamble</i> Signature: Name: Alberta Gamble				PATENT APPLICATION Attorney Docket No. DE010029		
on	August 11, 2003 Date	Alberta Gamble				
AMENDMENT TRANSMITTAL LETTER						
In re application of: Thomas Juestel						
Application Number 10/059,429	Filing Date 1-29-02	Examiner Koslow, Melissa C.		Group Art Unit 1755		
Title: PLASMA PICTURE SCREEN WITH A PHOSPHOR LAYER						
TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.						
CLAIMS AS AMENDED						
(1)	(2) Claims Remaining after Amend.	(3)	(4) Highest No. Previously Paid For	(5) No. of Extra Claims	(6) Rate	(7) Additional Fee
Total Claims	6	Minus	20 =	0	x \$ 18	\$ 0.00
Independent Claims	4	Minus	4 =	0	x \$ 84	\$ 0.00
Multiple Dependent Claims	0	Minus	0 =	0	x \$ 280	\$ 0.00
Total Additional Fee for this Amendment						\$ 0.00
<input checked="" type="checkbox"/>	No additional fee is required.					
<input type="checkbox"/>	Charge \$ 0.00 to Deposit Account No. An additional copy of this sheet is enclosed.					
<input type="checkbox"/>	Reference Accompanying Amendment for Overpayment, Underpayment and Extension of Time Instructions.					
<input type="checkbox"/>	A return receipt postcard is enclosed.					
<input type="checkbox"/>	Additional papers enclosed: Fax transmittal sheet					
<i>Liina Genovesi</i> Liina Genovesi Registration No. 35,154				August 11, 2003 Date of Signature Telephone No.: 732-530-9404		

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